



ACCOUNT BALANCE TRANSFER REQUEST

To transfer your account balance with the National Practitioner Data Bank-Healthcare Integrity and Protection Data Bank (NPDB-HIPDB) to a credit card or Electronic Funds Transfer (EFT) account, please type or print legibly, in ink, the information requested in Sections A and B. Numbers in parentheses indicate the maximum number of characters including spaces and punctuation allowed per field.

Section A: Entity Information

Data Bank Identification Number (15):

Printed Title of Entity Representative (40): _____

Printed Name of Entity Representative (40): _____

Signature of Entity Representative: _____

Signature Date: _____

Section B: Account Information

Transfer Balance to (check one): ☐ Credit Card Account ☐ Existing EFT Account on File With the Data Banks

Amount to be Transferred: \$

--	--	--	--	--	--	--	--

 dollars

--	--

 cents

Type of Balance (check one): ☐ Credit Balance ☐ Debit Balance

NOTE: If a credit balance is issued, it must be applied to the original account that was debited.

Credit Card Number (Visa, MasterCard, Discover, or American Express):

[illegible]

Credit Card Expiration Date (MM/YY):

Cardholder's Name (40):

Cardholder's Billing Address (40): _____

(40): _____

City (28): _____ State (2): _____ ZIP Code (10): _____

When the NPDB-HIPDB has processed the account balance transfer, a billing adjustment notification will be mailed to your organization. For additional information, visit the NPDB-HIPDB Web site at www.npdb-hipdb.hrsa.gov. If you need assistance, contact the NPDB-HIPDB Customer Service Center by e-mail at npdb-hipdb@sra.com or by phone at 1-800-767-6732 (TDD 703-802-9395). Information Specialists are available to speak with you weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The NPDB-HIPDB Customer Service Center is closed on all Federal holidays.